March 29, 2006

Date

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032 rademark Office: U.S. DEPARTMENT OF COMMERCE

PE	Linder the Beas	work Daduction Act of 41	305 no nareon are roo	uired to ree	U.S. Patent pond to a collection	and Trademark	c Oπice; U.S. Di untess it display	S a valid OMB co	ntrol number.
SIPE Way	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				respond to a collection of information unless it displays a valid OMB control number.  Complete if Known				
- P							09/516194-Conf. #3420		
MAR 2 9 2006	() FEE TRANSMITTAL			-	Filing Date		March 1, 2000		
MAK P - B	For FY 2006						L. Gordon LETTS		
					Examiner Name L. L. Stockton				
ENZATE PROPERTY	X Applicant c	laims small entity statu	s. See 37 CFR 1.27	7	Art Unit	16	26		
•	TOTAL AMOUNT	OF PAYMENT	(\$) 620.00		Attorney Docket	No. 01	02258.002	85US2	
_	METHOD OF P	AYMENT (check a	ill that apply)						
•	Check	Credit Card	Money Order	None	Other (	please identify	/):		
	X Deposit Acco	unt Deposit Account N	umber: 08-0219 De	eposit Accou	nt Name: Wil	mer Cutler	Pickering H	ale and Dorr	LLP
		ove-identified depos				ed to: (check	ali that apply	)	
	_	rge fee(s) indicated						except for the	filing fee
		•		nent of				·	_
	x Cha	rge any additional fe s) under 37 CFR 1.	e(s) of underpaying 16 and 1.17	ient oi	x Credit	any overpay	ments		
		ATION (All the fee		e upon 1	filing or may	be subject	to a surch	arge.)	
		SEARCH, AND EX							
	ľ		ING FEES		RCH FEES		TION FEES		
	Application Typ	e Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pai	id (\$)
	Utility	300	150	500	250	200	100		
	Design	200	100	100	50	130	65		
	Plant	200	100	300	150	160	80		
	Reissue	300	150	500	250	600	300		
	Provisional	200	100	0	0	0	0		
	2. EXCESS CLAI							Sr	nall Entity
	Fee Description							Fee (\$)	Fee (\$)
		20 (including Reissu	ies)					50	25
		t claim over 3 (inclu						200	100
	Multiple depende							360	180
	-20 = x =				id (\$)	<u>Mul</u>	tiple Depend	dent Claims	
					Fee (\$)			Fee Paid (\$)	
	HP = highest numer	of total claims paid for, i	f greater than 20.			_			•
	Indep. Claims	Extra Claims	Fee (\$)	Fee Pa	id (\$)				
		3 = >							
		of independent claims p	aid for, if greater than	3.			<del></del>		-
	3. APPLICATION	SIZE FEE	1100 1	<b>.</b> / -		ically fila	d coguence c	er computer	
	If the specificati	ion and drawings ex r 37 CFR 1.52(e)), t	ceed 100 sneets o	i papei (e e fee due	is \$250 (\$125)	for small ent	itv) for each	additional 50	
	sheets or frac	ction thereof. See 3	5 U.S.C. 41(a)(1)	(G) and 3	7 CFR 1.16(s).	ioi sinan one	11,7101 011011		
	Total Sheets	Extra Sheet			ditional 50 or fra		Fee (\$)	Fee Pa	<u>sid (\$)</u>
		- 100 =			round up to a wh			. =	
	4. OTHER FEE(S)							Fees Paid (\$)	
		Specification, \$130	) fee (no small ent	ity discou	unt)			_	
	Other (e.g., late filing surcharge): 2252 Extension for response within second month 2801 Request for continued examination (RCE) (see 37							225	
			2801 Request	or conti	nued examina	ition (HCE)	(see 3/	395	.00
	SUBMITTED BY								
	Signature	Leluda	Kent		Registration No. Attorney/Agent)	53,212	Telephone	(202) 942	-8400

Name (Print/Type) Belinda Lew